

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5446

STATE FILE NUMBER

63-021573

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DE'PAUL-HOSPITAL		d. STREET ADDRESS (If outside, give location) 2142-COLLEGE-AV.	
3. NAME OF DECEASED (Type or print) First Middle Last CARL - LEO - FRANZEN		4. DATE OF DEATH Month Day Year MAY - 20TH 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-4-1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE-MANAGER		10b. KIND OF BUSINESS OR INDUSTRY MC. HENRY-MEAT-CO.	
11. BIRTHPLACE (City and state or country) ST. LOUIS-MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME CHRISTOPHER-FRANZEN		13b. MOTHER'S MAIDEN NAME MARY-HEMMEN	
14. NAME OF HUSBAND OR WIFE MARY-FRANZEN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MARY-FRANZEN - 2142-COLLEGE-AV.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Myocardial Infarction DUE TO (c) Atherosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 36 hours 3 days 36 hours ???	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) None		PART III. If deceased was female was there a pregnancy in last 90 days. 420-0 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 12 1963 to May 20, 1963 and last saw him alive on May 20, 1963 Death occurred at 2:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) Bernard H. Elotte		22b. ADDRESS 309 North 4th Medical Bldg	
22c. DATE SIGNED 5-21-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE MAY-24-1963		23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	
23d. LOCATION (City, town, or county) ST. LOUIS		23e. STATE MO.	
24. FUNERAL DIRECTOR Brockland Und. Co.		25. DATE RECD. BY LOCAL REG. MAY 22 1963	
26. REGISTRAR'S SIGNATURE Earl Smith M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harvey Kable

Licensed Embalmer No.

4596

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Hattie #309 Northland Med. Bldg.

Tuesday 2.30 to 4:00 P.M.